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**DECLARATION FOR UTILITY OR
DESIGN PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing
 OR
 (surcharge 37 CFR 1.16 (e) required)

| | |
|------------------------|---------------|
| Attorney Docket Number | 24076-11 |
| First Named Inventor | Br sch, Jared |
| COMPLETE IF KNOWN | |
| Application Number | NEW |
| Filing Date | NEW |
| Art Unit | |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention/entitled:

MULTI-ELEMENT ARRAY FOR ACOUSTIC ABLATION

(Title of the Invention)

The specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Check Only If Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|------------------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

| | | | |
|-----------------------|--------------------------|--------------------------|---|
| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
| 60/478,649 | 06/13/2003 | | |

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| | | |
|--|---------------------------------|---|
| U.S. Parent Application or PCT Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (<i>If applicable</i>) |
| | | |

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

| | | | |
|---|----------------------|---|--|
| <input type="checkbox"/> Customer Number | <input type="text"/> |  | Place Customer Number Bar Code Label Here |
| OR | | | |
| <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below. | | | |

| Name | Registration Number | Name | Registration Number |
|------------------|---------------------|------|---------------------|
| L. Scott Paynter | 39,797 | | |

Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number Bar
Code Label OR Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|-----|--------------------|
| Name | Woodard, Emhardt, Moriarty, McNett & Henry LLP | | | | |
| Address | 111 Monument Circle | | | | |
| Address | Suite 3700 | | | | |
| City | Indianapolis | State | IN | ZIP | 46204 |
| Country | US | Telephone | (317) 634-3456 | | Fax (317) 637-7561 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

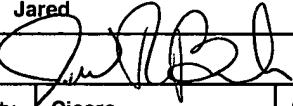
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

Jared

Brosch

| | | | | | | | | |
|----------------------|---|--------|-------|-----|---------|---------|----------------|----|
| Inventor's Signature |  | | | | | Date | OCTOBER 5 2003 | |
| Residence | City | Cicero | State | IN | Country | US | Citizenship | US |
| Post Office Address | 96 Cedar Lane | | | | | | | |
| Post Office Address | | | | | | | | |
| City | Cicero | State | IN | ZIP | 46034 | Country | US | |

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

| DECLARATION | | Registered Practitioner Information (Supplemental Sheet) | |
|-------------------------|--------------------------------|---|--------------------------------|
| Name | Registration Number | Name | Registration Number |
| C. David Emhardt | 18,483 | Jason A. Houdek | 54,620 |
| Joseph A. Naughton, Jr. | 19,814 | Michael S. Wherry | 53,764 |
| John V. Moriarty | 26,207 | Michael C. Bartol | 44,025 |
| John C. McNett | 25,533 | | |
| Thomas Q. Henry | 28,309 | | |
| James M. Durlacher | 28,840 | | |
| Charles R. Reeves | 28,750 | | |
| Vincent O. Wagner | 29,596 | | |
| Steve Zlatos | 30,123 | | |
| Spiro Bereveskos | 30,821 | | |
| Clifford W. Browning | 32,201 | | |
| R. Randall Frisk | 32,221 | | |
| Daniel J. Lueders | 32,581 | | |
| Kenneth A. Gandy | 33,386 | | |
| Timothy N. Thomas | 35,714 | | |
| Kurt N. Jones | 37,996 | | |
| John H. Allie | 39,088 | | |
| Holiday W. Banta | 40,311 | | |
| Troy J. Cole | 35,102 | | |
| L. Scott Paynter | 39,797 | | |
| Charles J. Meyer | 41,996 | | |
| Matthew R. Schantz | 40,800 | | |
| Gregory B. Coy | 40,967 | | |
| Lisa A. Hiday | 40,036 | | |
| John V. Daniluck | 40,581 | | |
| Christopher A. Brown | 41,642 | | |
| Arthur J. Usher IV | 41,359 | | |
| Douglas A. Collier | 43,556 | | |
| Brad A. Schepers | 45,431 | | |
| Scott J. Stevens | 29,446 | | |
| James B. Myers | 42,021 | | |
| John M. Bradshaw | 46,573 | | |
| Quentin G. Cantrell | 47,469 | | |
| Charles P. Schmal | 45,082 | | |
| David E. Novak | 50,752 | | |
| Edward E. Sowers | 36,015 | | |
| John L. Roberts | 50,453 | | |
| John J. Emanuele | 51,653 | | |
| Denise M. Gosnell | 51,748 | | |

ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 PTO/SB/02A
 Page _____ of _____

| | | | | | | | | |
|--|---------------------------|--|-------|------------------------|---------|---------|-------------|----|
| Name of Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| Andreas | | | | Hadjicostis | | | | |
| Inventor's Signature | | | | | | Date | | |
| Residence | City | Carmel | State | IN | Country | US | Citizenship | US |
| Post Office Address | 247 W. Haydn Drive, #1616 | | | | | | | |
| Post Office Address | | | | | | | | |
| City | Carmel | State | IN | ZIP | 46032 | Country | US | |
| Name of Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | | Date | | |
| Residence | City | | State | | Country | | Citizenship | |
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| | | | | | | | | |
| Inventor's Signature | | | | | | Date | | |
| Residence | City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
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| City | | State | | ZIP | | Country | | |

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Submitted after
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1.16 (e) required)

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| Attorney Docket Number | 24076-11 |
| First Named Inventor | Br sch, Jar d |
| COMPLETE IF KNOWN | |
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(Title of the Invention)

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Check Only If Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|--------------------------|----------------------------------|------------------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 60/478,649 | 06/13/2003 | <input type="checkbox"/> |

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| | | |
|--|--|---|
| U.S. Parent Application or PCT Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (If applicable) |
| | | |

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| | | | |
|---|----------------------|---|---|
| <input type="checkbox"/> Customer Number | <input type="text"/> |  | <input type="text"/> Place Customer Number Bar Code Label Here |
| OR | | | |
| <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below. | | | |

| Name | Registration Number | Name | Registration Number |
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Code Label OR Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|-----|--------------------|
| Name | Woodard, Emhardt, Moriarty, McNett & Henry LLP | | | | |
| Address | 111 Monument Circle | | | | |
| Address | Suite 3700 | | | | |
| City | Indianapolis | State | IN | ZIP | 46204 |
| Country | US | Telephone | (317) 634-3456 | | Fax (317) 637-7561 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any]) Family Name or Surname

Jared

Brosch

| | | | | | | | | |
|----------------------|---------------|--------|-------|-----|---------|---------|-------------|----|
| Inventor's Signature | | | | | | Date | | |
| Residence | City | Cicero | State | IN | Country | US | Citizenship | US |
| Post Office Address | 96 Cedar Lane | | | | | | | |
| Post Office Address | | | | | | | | |
| City | Cicero | State | IN | ZIP | 46034 | Country | US | |

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| Thomas Q. Henry | 28,309 | | |
| James M. Durlacher | 28,840 | | |
| Charles R. Reeves | 28,750 | | |
| Vincent O. Wagner | 29,596 | | |
| Steve Zlatos | 30,123 | | |
| Spiro Bereveskos | 30,821 | | |
| Clifford W. Browning | 32,201 | | |
| R. Randall Frisk | 32,221 | | |
| Daniel J. Lueders | 32,581 | | |
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| Timothy N. Thomas | 35,714 | | |
| Kurt N. Jones | 37,996 | | |
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| David E. Novak | 50,752 | | |
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| John L. Roberts | 50,453 | | |
| John J. Emanuele | 51,653 | | |
| Denise M. Gosnell | 51,748 | | |

ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 PTO/SB/02A
 Page _____ of _____

| | | | | | | | | |
|--|---------------------------|--|-------|-----|---------|---------|---------------|----|
| Name of Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | | |
| Given Name (first and middle [if any]) Family Name or Surname | | | | | | | | |
| Andreas Hadjicostis  | | | | | | | | |
| Inventor's Signature | | | | | | Date | 10 - 5 - 2003 | |
| Residence | City | Carmel | State | IN | Country | US | Citizenship | US |
| Post Office Address | 247 W. Haydn Drive, #1616 | | | | | | | |
| Post Office Address | | | | | | | | |
| City | Carmel | State | IN | ZIP | 46032 | Country | US | |
| Name of Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | | | | | |
| Given Name (first and middle [if any]) Family Name or Surname | | | | | | | | |
| Inventor's Signature | | | | | | Date | | |
| Residence | City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
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| City | | State | | ZIP | | Country | | |
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| Given Name (first and middle [if any]) Family Name or Surname | | | | | | | | |
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| Residence | City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
| Post Office Address | | | | | | | | |
| City | | State | | ZIP | | Country | | |